

## **AMENDMENTS TO THE SPECIFICATION**

Please replace paragraph 40 of the specification with the following:

**[0040]** According to a fifth embodiment of this invention shown in Fig. 5, the distal end 24 of the delivery catheter 20''' is magnetically navigated to the deployment point in the heart by ~~using a magnetic~~ by selectively applying current to a coil in the distal end of the catheter 20''' to make distal end of the catheter magnetically responsive. The catheter 20''' is similar to catheter 20, except that catheter 20''' includes a coil 60 in the sidewall of the cannula, adjacent the distal end, connected to leads 62 and 64 that extends to the proximal end of the catheter. The distal end of the delivery catheter 20''' can be selectively made magnetically responsive by connecting the leads 62 and 64 to a source of electric power. Then, by applying an external magnetic field, the distal end of the catheter can be navigated. The distal end of the delivery catheter 20''' aligns with the applied magnetic field, and can be advanced in the selected direction by pushing the proximal end of the delivery catheter. If the magnetic field includes a magnetic gradient, the field can also be used to advance the distal end of the catheter in the desired direction.

Please replace paragraph 42 of the specification with the following:

**[0042]** Once the distal end of the delivery catheter 20 or 20' is at the selected deployment point the pacing leads [28] are deployed from the distal end of the catheter. The pacing leads are preferably magnetically deployed. While in the preferred embodiment of this invention both the delivery catheter and the pacing leads are magnetically navigated, either the delivery catheter or the pacing leads could be navigated conventionally, if desired, without departing from the principles of this invention.

Please replace paragraph 51 of the specification with the following:

**[0051]**A telescoping, multiple electrode pacing lead constructed according to the principles of this invention is indicated generally as 70" in Fig. 11. The pacing lead 70" has a side wall 110, with a proximal end and a distal end 114, and a lumen [116] therebetween. There are electrodes 118 and 120 on the sidewall 110, adjacent the distal end 114. Leads 122 and 124 extend to the electrodes 118 and 120, respectively, to provide a pacing current to the electrodes. A telescoping section 126 telescopes in the lumen [116] of the pacing lead 70". The telescoping section 126 has a proximal end, a distal end 128, and a lumen 130 therebetween. There are electrodes 132 and 134 on the sidewall 136, adjacent the distal end 128. Leads 136 and 138 extend to the electrodes 132 and 134, respectively to provide a pacing current to the electrodes. The telescoping multiple electrode pacing lead allows pacing at two separate sites spaced at a distance that can be determined by the physician at the time of placement. The pacing lead 70" is delivered to a point adjacent the heart in a cannula, an introduced through the wall of the pericardial sack, and navigated through the pericardial space, until the pairs of electrodes are appropriately positioned on the epicardium. The telescoping section 126 allows the physician to select the spacing between the electrode pairs.